

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:					
This claim is for the period beginning		, 20 and	d ending	, 20	
	month	day	month	day	
CERTIFICATION:					

The information on this form is complete and accurate to the best of my knowledge.

Date Signature, Chair, Board of Trustees

32 Missoula 0583 Missoula Elem Elementary

24 IVII350	ouia	0303	MIISSUUIA	Elcin			Elemen	itai y
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10HB	11	1.57	71	07/26/05	Орегиней	Social Security !!
100	1	10HD	10	1.57	71	07/26/05		
100	1	10SD	19.4	1.57	71	07/26/05		
100	1	10SP	45	0.95	17	07/26/05		
100	1	11BB	10	1.57	71	07/26/05		
100	1	11HB	16.8	1.57	71	07/26/05		
100	1	11HD	17	1.57	71	07/26/05		
100	1	11SB	24	1.57	71	07/26/05		
100	1	11SP	45	0.95	17	07/26/05		
100	1	12HB	36	1.57	71	07/26/05		-
100	1	12SD	13	1.57	71	07/26/05		
100	1	12SP	45	0.95	15	07/26/05		-
100	1	13BB	41.3	1.57	71	07/26/05		-
100	1	13SP	45	0.95	15	07/26/05		-
100	1	14BB	51	1.57	71	07/26/05		-
100	1	14HD	8.2	1.57	71	07/26/05		
100	1	14SP	45	0.95	15	07/26/05		
100	1	15SP	45	0.95	20	07/26/05		
100	1	16HBCD	17	1.57	71	07/26/05		
100	1	17BD	24	1.57	71	07/26/05		
100	1	17SP	45	0.95	20	07/26/05		
100	1	18HBD	39	1.57	71	07/26/05		
100	1	18SP	45	0.95	14	07/26/05		
100	1	19HBD	20	1.57	71	07/26/05		
100	1	19SP	45	0.95	15	07/26/05		
100	1	1HD	13	1.57	71	07/26/05		
100	1	20HB	42	1.57	71	07/26/05		
100	1	20SP	45	0.95	15	07/26/05		
100	1	21SP	45	0.95	15	07/26/05		
100	1	22SP	45	0.95	15	07/26/05		
100	1	23SP	45	0.95	15	07/26/05		
		•		•	•	•		· <del></del>



## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

100

100

100

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1

1

First Semester February 15 to State Superintendent

**Second Semester** May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 32 Missoula 0583 Missoula Elem **Elementary** District Rate Route Miles Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 100 1 27SP 45 1.15 53 07/26/05 100 1 28SP 45 0.95 16 07/26/05 100 7 71 08/24/05 1 2HD 1.57 100 4SB 27 1.57 71 07/26/05 1 71 100 5HB 9.4 1.57 07/26/05 100 1 5SP 45 0.95 18 07/26/05 100 1 6HBD 18.3 1.57 71 07/26/05 100 6SBD 21 1.57 71 07/26/05 1 45 0.95 100 1 6SP 18 07/26/05 71 100 **7BB** 27 1.57 07/26/05 100 1 7HB 4.6 1.57 71 07/26/05 45 100 1 7SP 0.95 18 07/26/05 100 8SP 45 0.95 07/26/05 1 18 100 9SP 45 0.95 07/26/05 18 1 100 15 0.95 07/26/05 K1 18 100 1 **K**3 19 0.95 15 07/26/05 100 22 0.95 1 K5 15 07/26/05 100 **K**7 24 0.95 15 07/26/05 100 **SE50** 45 0.95 15 07/26/05 1 100 0.95 07/26/05 1 **SE51** 45 18

TR-6 (1/05) Page 2

SE52

**SE53** 

**SE54** 

**SE55** 

45

45

45

45

0.95

0.95

0.95

0.95

20

15

15

15

07/26/05

07/26/05

07/26/05

07/26/05



## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
<b>DATES:</b>

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE R	REIMBURSEMENT FOR SCHO	OOL BUS TRANSPORTATIO	N:
This claim is for the period beginning	, 20 and end	ing	, 20
month	day	month	day

# CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

County:	District:	District Level:
Date	Signature, Chair, Board of Trustees	

32 Missoula U584 Missoula H S High School

34 WIISS	Jula		MIISSUUIA	1110			Ingli S	CHOOL
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10BA	16.9	1.57	71	07/26/05	орегини	Social Security !!
100	1	11BA	39	1.57	71	07/26/05		
100	1	12BA	40	1.57	71	07/26/05		
100	1	13BA	13	1.57	71	07/26/05		
100	1	16SP	45	0.95	20	07/26/05		
100	1	1BA	53	1.57	71	None		
100	1	1HA	128	1.57	71	07/26/05		
100	1	1SA	52.2	1.57	71	07/26/05		
100	1	1SP	45	0.95	20	07/26/05		
100	1	24SP	45	0.95	15	07/26/05		
100	1	25SP	45	0.95	19	07/26/05		
100	1	25SS	80	1.36	60	09/19/05		-
100	1	26SP	45	0.95	19	07/26/05		-
100	1	26SS	62	1.57	71	08/26/05		
100	1	29SP	45	0.95	48	07/26/05		
100	1	2BA	66	1.57	71	08/24/05		
100	1	2HA	141	1.57	71	08/24/05		
100	1	2SA	16.3	1.57	71	07/26/05		
100	1	2SP	45	0.95	27	07/26/05		
100	1	3BA	46	1.57	71	07/26/05		
100	1	3НА	76.3	1.57	71	07/26/05		
100	1	3SA	18	1.57	71	07/26/05		
100	1	3SP	45	0.95	13	07/26/05		
100	1	4BA	39	1.57	71	08/24/05		
100	1	4SP	45	0.95	18	07/26/05		
100	1	5BA	54.2	1.57	71	07/26/05		
100	1	5HA	19.6	1.57	71	07/26/05		
100	1	6BA	59	1.57	71	07/26/05		
100	1	6НА	26	1.57	71	07/26/05		
100	1	7BA	60	1.57	71	07/26/05		
100	1	7HA	27	1.57	71	07/26/05		
			<u>.</u>			_	. — .	

0	PI

100

100

1

1

8HA

9BA

9HA

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

56

43

39

1.57

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	T 59620-25	01		School Bus	папърона	ation	-
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTA	TION:	
This clain	m is for the	period beginning		month	, day	20 and en	8	nonth	, 20 day	
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	::				Di	istrict Level:	
32 Misse	oula		0584	Missoula	HS			Н	igh School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operate		Bus Driver's ocial Security #
100	1	8BA		48	1.57	71	07/26/05			

71

71

71

08/24/05

07/26/05

07/26/05



**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

County:

**First Semester February 1 to County Superintendent** February 15 to State Superintendent

District:

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

District Level:

S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

32 Misso	oula	0586	Hellgate	Elem			Elemen	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	4	1	33	1.57	71	07/26/05		
100	4	10	41	1.36	66	07/26/05		
100	4	11	28	1.57	71	07/26/05		
100	4	12	33	1.36	65	07/26/05		
100	4	13	14	1.57	71	07/26/05		
100	4	14a	10	1.57	71	None		
100	4	14b	10	1.57	71	None		
100	4	15a	15	1.57	72	07/26/05		
100	4	15b	38	1.57	72	07/26/05		
100	4	2	51	1.36	65	07/26/05		
100	4	3a	16	1.36	65	07/26/05		
100	4	3b	17	1.36	65	07/26/05		
100	4	4a	15	1.57	71	07/26/05		
100	4	4b	17	1.57	71	07/26/05		
100	4	5a	19	1.57	71	07/26/05		
100	4	5b	17	1.57	71	07/26/05		
100	4	6a	22	1.57	72	07/26/05		
100	4	6b	21	1.57	72	07/26/05		
100	4	7a	20	1.57	71	07/26/05		
100	4	7b	20	1.57	71	07/26/05		
100	4	8a	19	1.57	72	07/26/05		
100	4	8b	22	1.57	72	07/26/05		
100	4	9	37	1.57	71	07/26/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

			,					
DUE DATES:		February 1 t	First Semester to County Superi to State Superin			•	Second Semeste o County Superin o State Superinte	ntendent
COMPLI	ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	:
This clain	n is for the	period beginning		<b>,</b>	20 and en	ding	,	20
			month	day		m	onth d	ay
CERTIF	ICATIO	N:						
The infor	mation on	this form is compl	ete and accurate to t	he best of my kn	owledge.			
Date			Signature, Chair, Boa	rd of Trustees				
County:			District:				District Le	evel:
32 Misso	oula		0588 Lolo Ele	em			Eleme	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1am	5.1	1.36	66	None		
100	7	2am	25.5	1.36	66	None		
100	7	3noon	25	1.36	66	None		
100	7	4pm	4.1	1.36	66	None		

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for
State Reimbursement for
<b>School Bus Transportation</b>

State	
District	
County	

<b>DUE</b>
DATES

	_	— пете	ena, wii :	<b>39620-23</b>	UT			-	
DUE DATES:		February 1 February 1	5 to State	ty Superin	endent	THE FOR COL	May 24 to	Second Semester County Supering State Superinter	tendent ndent
COMPL	ETE THIS	CLAIM FC	JK STAT	E REIMI	BURSEMEN	VI FOR SCI	HOOL BUS TRAN	NSPORTATION:	
This clair	n is for the pe	riod beginning	g		,	20 and e	nding	,;	20
			mo	onth	day		m	onth da	y
CERTIF	ICATION:								
The infor	mation on thi	s form is comp	olete and ac	curate to th	e best of my kn	owledge.			
Date			Signature,	Chair, Board	d of Trustees				
County:			District:					District Lev	vel:
32 Misso	oula		0589 I	Potomac	Elem			Elemen	tary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	11	1		54	1.36	65	08/25/05		
100					1.36	65	08/25/05		

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		,						
	February 1	to Cour	ity Superin			•	o County Superin	tendent
ETE THI	S CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SO	CHOOL BUS TRA	NSPORTATION:	
n is for the	period beginning	2			20 and	ending		20 .
		,		day		8		
ICATION	N:							
mation on t	this form is comp	olete and a	ccurate to th	e best of my kn	owledge.			
		Signature	e, Chair, Board	d of Trustees				
		District					District Le	vel·
		District.					District Le	voi.
oula		0590	Bonner I	Elem			Elemer	ntary
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
14	1		33.4	1.57	72	08/25/05		
14	2		18.2	1.57	72	08/25/05		
14	3		14	0.00	71	08/25/05		
14	4		10.2	0.00	71	08/25/05		
14	5		6.6	0.00	72	08/25/05		
14	6		14.4	1.57	71	08/25/05		_
	ETE THI In is for the ICATION mation on the District # 14 14 14 14 14 14 14	February 1 February 1 February 1  ETE THIS CLAIM FO  In is for the period beginning  ICATION:  mation on this form is comp  Dula  District # Route #  14 1 14 2 14 3 14 4 14 4 14 5	February 1 to Cour February 15 to State  ETE THIS CLAIM FOR STATE In is for the period beginning	February 15 to State Superint  ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent	February 1 to County Superintendent   February 15 to State Superintendent	February 1 to County Superintendent   May 10 to February 15 to State Superintendent   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSING	February 1 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent

PI

18

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

128

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	Т 59620-25	01		School Bus	ransportation	County		
DUE DATES:		February 1	to Cou	emester inty Superin ate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	N:		
This clair	n is for the	period beginning		month	day,	20 and en	dingn		_, 20 day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:							District l	Level:			
32 Misso	oula		0591	Woodma	n Elem			Eleme	entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's Social Security #		

71

07/26/05

0	PI

Percentage

100

100

#

20

20

#

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

Per Day

54

26

Per Mile

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

Social Security #

		Hele	ena, M	T 59620-25	01					
DUE DATES:		February 1 February 1	to Cou				May 10 to	-	Semester Superintend perintenden	
COMPL	ETE THI	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	OOL BUS TRAN	SPORTA	ATION:	
This clain	n is for the	period beginning	,	month	day	, 20 and end	ling mo		, 20 day	_·
CERTIF	CATION	V:								
The infor	mation on t	his form is comp	lete and	accurate to th	e best of my kr	nowledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County: District:							Γ	District Level:		
32 Misso	oula		0592	<b>DeSmet</b>	Elem			H	Elementar	y
	District	Route	•	Miles	Rate			Day	s	Bus Driver's

Capacity

71

71

Inspection

None

07/26/05

Operated

PI

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			,							
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semeste to County Superin to State Superinte	tendent	
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									<b>:</b>	
This claim is for the period beginning, 20							ending	<b>,</b>	20	
			1	month	day			month d	ay	
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kno	owledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County: District:								District Le	evel:	
32 Missoula 0593 Target Range Elem						1	Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	23	1T-149		52.4	1.57	71	07/26/05			
100	23	1T-149A		48	1.57	71	07/26/05			
100	23	2T-148		45.4	1.57	71	07/26/05			
100	23	2T-148A		41	1.57	71	07/26/05			
100	23	3T-173		49.2	1.57	71	07/26/05			
100	23	3T-173A		44	1.57	71	07/26/05			
					-		-			

0	PI

Percentage

100

100

100

#

32

32

32

#

1 Dan

2 Kathy

3 Ken/Bob

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Per Day

59.2

27.6

52

Per Mile

1.57

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Social Security #

		Hele	ena, M	T 59620-25	01					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning								, 20 day	·	
CERTIFI	CATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County: District:									District Level:	
32 Missoula 0595 Clinton Elem								Elementar	y	
	District	Route	-	Miles	Rate			Da	ıys	Bus Driver's

Capacity

72

71

72

Inspection

07/25/05

07/25/05

07/25/05

Operated

PI

100

33

33

North

South

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-250	01		School Bus	l ransportatior	1	County	
DUE DATES:		February 1 February 1		ty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning											
CERTIF					· · · · · · · · · · · · · · · · · · ·						
The infor	rmation on	this form is comp	olete and ac	ccurate to the	best of my kno	owledge.					
Date Signature, Chair, Board of Trustees											
County: District:								District	Level:		
32 Missoula 0596 Swan Valley Elem							Elem	entary			
Percentage	District Route Miles Rate # Per Day Per Mile Capa					Capacity	Inspection	Days Operated	s	Bus Driver ocial Securi	

71

42

None

None

1.57

0.95

58

40

0	PI

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

### **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0597 Seeley Lake Elem 32 Missoula **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 34 1 58.8 1.57 71 08/18/05 2 100 34 21.8 1.57 71 08/18/05 100 34 3 47.6 1.57 71 08/18/05



100

100

40

40

40

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

#### **Second Semester** First Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0599 Frenchtown K-12 Schools 32 Missoula **High School** Days District Route Miles Rate **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 100 40 1 46.4 1.80 83 08/24/05 100 40 10 30 1.57 72 08/24/05 100 40 38.6 08/24/05 11 1.80 83 100 40 12 25.8 1.80 83 08/24/05 100 40 13 51.6 1.80 84 08/24/05 100 40 14 82.4 1.80 83 08/24/05 19 100 40 36 1.80 84 08/24/05 100 2 62 1.80 84 40 08/24/05 100 3 38.4 40 1.80 84 08/24/05 100 40 3A 7.6 1.80 84 08/24/05 100 40 4 64.4 1.80 84 08/24/05 5 100 40 50.8 1.80 83 08/24/05 100 40 6 32.2 84 08/24/05 1.80 100 40 7 40.6 1.80 84 08/24/05 100 8 27.6 1.80 84 08/24/05 40 100 40 9 18.6 1.80 84 08/24/05 Kindy 1-West 100 40 35 1.80 84 08/24/05 100 40 Kindy 4-East 0.5 1.80 84 08/24/05 100 40 **SE16** 55 0.95 08/24/05 16 100 40 SE16A 2.2 0.95 08/24/05 16

TR-6 (1/05) Page 1

SE16B

SE21

SE21A

0.8

11

0.8

0.95

0.95

0.95

16

16

16

08/24/05

08/24/05

08/24/05